

RECEIVED
CENTRAL FAX CENTER

FEB 03 2006

Akerman Senterfitt
ATTORNEYS AT LAWFort Lauderdale
Jacksonville
Miami
New York
Orlando
Tallahassee
Tampa
Washington, DC
West Palm BeachEsperante Building
222 Lakeview Avenue, Suite 400
West Palm Beach, Florida 33401-6183
Post Office Box 3188 *mail*
West Palm Beach, Florida 33402-3188
www.akerman.com
561 653 5000 *tel* 561 659 6313 *fax*

FAX COVER SHEET

From: Neil R. Jetter

Date: February 3, 2006

PLEASE DELIVER 23 PAGE(S) (including cover sheet) TO:Name: U.S. Patent and Trademark Office
Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax Number: (571) 273-8300

Examiner: Jung, William C.
Serial No.: 10/677,703
Inventors: Tuan VO-DINH
Docket No.: 6321-241

Please call (561) 653-5000, Ext. 30005 if you do not receive all the pages.

Comments/Special Instructions

Enclosures:

- * Transmittal Form (1 page)
- * Fee Transmittal (1 page)
- * Request for One-Month Extension of Time (1 page)
- * Reply to Office Action (19 pages)
- * This Fax Cover Sheet (1 page)

The information contained in this transmission may be a confidential attorney-client communication or may otherwise be privileged and confidential, intended only for the use of the individual or entity named above. If the reader of this transmittal is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original transmittal to us by mail. Thank you.

Client/Matter No: 24571/133534Equitrac ID: 8543/NRJ

{WP282703;1}

PTO/SB/21 (09-04)

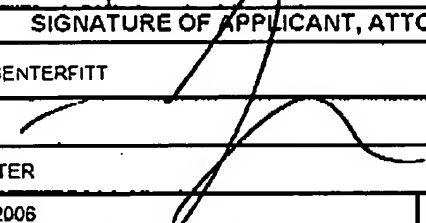
Approved for use through 07/31/2008 OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

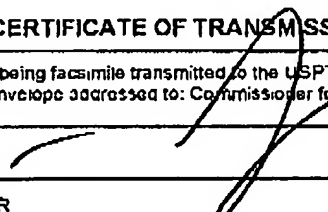
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/677,703
	Filing Date	October 2, 2003
	First Named Inventor	Tuan VO-DINH
	Art Unit	3737
	Examiner Name	Jung, William C.
Total Number of Pages in This Submission	Attorney Docket Number	6321-241

RECEIVED
CENTRAL FAX CENTER
FEB 03 2006

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks Authorized to charge \$120.00 and any fee deficiencies to Deposit Account No. 50-0951		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	AKERMANN SENTERFITT	
Signature		
Printed name	NEIL R. JETTER	
Date	February 3, 2006	Reg. No. 46,803

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	NEIL R. JETTER
Date	February 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person shall be required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/677,703 Filing Date October 2, 2003 First Named Inventor Tuan VO-DINH Examiner Name Jung, William C. Art Unit 3737 Attorney Docket No. 6321-241	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER FEB 03 2006	
TOTAL AMOUNT OF PAYMENT (\$) 120.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0951 Deposit Account Name: AKERMAN SENTERFITT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
	FILING FEES Application Type Fee (\$) Small Entity Fee (\$)		SEARCH FEES Fee (\$) Small Entity Fee (\$)		EXAMINATION FEES Fee (\$) Small Entity Fee (\$)	
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
Fee Description					Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
- 20 or MP = _____ x _____ = _____ MP = highest number of total claims paid for, if greater than 20						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						
- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____						
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge) Request for One-Month Extension of Time (\$120.00)					120.00	

SUBMITTED BY		
Signature _____ Name (Print/Type) Neil R. Jetter	Registration No. 46,803 (Attorney/Agent)	Telephone 581-653-5000 Date February 3, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.